

P.O. Box, 23 Santanoni Ave. Saranac Lake, NY 12983 Fax: (518) 891-4236
North Country Community College - Records Office

### North Country Community Conege - Records Office

# TO BE USED FOR **WILDERNESS FIRST RESPONDER**Student must meet functional requirements of training sponsor to enroll

Stude	nt must meet fu	nctional requireme	ents of training sponsor	to enroll.		
NAME:		Birth Date:				
MAILING ADDRESS	5:					
TELEPHONE (Dayti	me):	(Eveni	ng):			
EMAIL:						
	Check all that ap	oply and write appropi	riate fee in blank to the righ	<i>t:</i>		
☐ NCCC Studen	\$ No fee due					
(\$560 – billed via	semester bill)			at this time		
	udent Wilderness 0 deposit required at tim	s First Responder Coune of registration)	ırse Fee	\$		
required at time of req	gistration; Total cost \$56	60 course fee + NCCC tuition	VFR HED 160 (\$400 deposit n/fees TBD by NCCC Business must also complete Non-Matric. Re	\$egistration form)		
			TOTAL DUE	\$		
		Less Deposit (-	\$400 minimum for WFR)	\$		
			<b>Balance Due</b>	\$		
Non-NCCC WFR St balance is due in ful the course, student notification of course	Il by 4:30pm, may lose their deposi e drop or cancellation 12983. Please call 5	deposit is required at time If balance is not p it and seat in the course. to: NCCC Records Offic	of registration to secure your spoud in full by the deadline and the Please deliver, fax (518-891-42 te, Attn: WFR, P.O. Box 89, 23 tenfirm receipt of your registrations.	nere is a waiting list for 36) or mail <i>written</i> Santanoni Ave.,		
		oney order, cash, Maste ling addresses listed a	rcard or VISA. Receipts and bove.	final confirmation		
Student Signature			Date			
Parent/Guardian Si If the student is under		ion of parent or guardian is ne	Date			
	PAYM	ENT METHOD (Busine	ss Office Use Only)			
Cash	Check	MasterCard/VISA	·			
	Dosaint #		Name of Cardholder	Initial		
CVV Code	Receipt #	AIIIOUIIL \$	Date	Initial		

### North Country Community College Wilderness Recreation Leadership Program

#### MEDICAL INFORMATION DISCLOSURE FORM

In the interest of the personal safety of program participants and leader(s), please answer the following questions thoroughly.

PARTICIPANT INFORMATION:						
Particip	oant Nan	ne: Phone:				
Haight		City, State, Zip:				
Progra	 m/ Activ	City, State, Zip:  Weight: Age: Program Date(s):				
Trogram	in Pictiv	Togram Date(s).				
<b>MEDI</b>	CAL IN	FORMATION: (Circle 'Yes' or 'No' and provide additional information where requested. Please be candid).				
Yes	No	Do you have diabetes, asthma, seizures, or cardiac problems? If yes, explain.				
		Explanation:				
Yes	No	Do you use any medications? If yes, list and identify what condition they are for:				
		Medication: Dose: Condition:				
		Medication: Dose: Condition:				
		Medication: Condition:				
		Medication: Dose: Condition:				
Yes	No	Do you have any allergies to the following? Please check. If checked, describe reaction.				
1 68	NO	Insects Drug(s) Plant(s) Iodine Food(s)				
		Explanation:				
		Explanation:				
Yes	No	Have you ever had any bone, muscle or joint injury? If yes, describe including current status.				
		Explanation:				
Yes	No	Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke? If yes describe.				
		Explanation:				
Yes	No	Do you have any other injuries or medical conditions not identified above? If yes, list and describe.				
1 45	1.0	Explanation:				
Yes	No	Have you completed any first aid or emergency medical training? If yes, please list name and date of certification.				
		Explanation:				
FMFD	CENCY	/ INFORMATION:				
	ice Provi					
		gency Contact: Relationship:				
Addres		City, State, Zip:				
Phone		Phone (night):				
		<b>OF VERFICATION:</b> By signing below, I verify that the information provided above is a complete and accurate				
statement of any medical conditions that may affect my participation in this program. I realize that failure to disclose such						
information could result in serious harm to myself and fellow participants. In addition, I hereby authorize NCCC to disclose, as						
needed, any and all of my health-related records to: WRL program faculty, group leaders, and staff responsible for wilderness trips						
and practica; College administrators and staff who have legitimate educational interest in this information; and emergency and other						
теаіса	u personi	nel in medical or medical emergency situations.				
Signati	ire of Par	rticipant: Date:				
~1511411	or r u					

## North Country Community College Wilderness Recreation Leadership Program

#### SAFETY AND RISK MANAGEMENT

Safety is a fundamental part of North Country Community College (NCCC) outdoor programs. Safety is taught and practiced on every outdoor program offered by NCCC. Despite operating to the best of our capabilities, the possibility of an accident still exists. NCCC cannot – nor can anyone – reduce that possibility to zero.

### **ACKNOWLEDGEMENT OF RISK**

in consideration of the services of fronti Country Community Conege, employees, instructors, representatives of agents
and all other persons or entities acting in any capacity on their behalf (collectively referred to as NCCC), I agree as follows:
I acknowledge that entails known and unanticipated risks which cannot be eliminated
I acknowledge that entails known and unanticipated risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can
be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death.
I understand that NCCC does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important
for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not
all, of those risks:
NCCC Wilderness First Responder course will take place out of doors, where participants are subject to numerous risks,
environmental and otherwise. Activities vary from program to program may include the
following activities: wilderness medicine simulations, hiking on and off trail over rough terrain, outdoor activities in
inclement weather conditions and or night time simulation exercises.
Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and
evaluations which by their nature are imprecise and subject to errors in judgment. <i>Throughout the course, participants are</i>
responsible for their own safety and for the safety of other members of their course, particularly in situations where they are away
from the instructor or the rest of the group, such as while bathing or using the bathroom.
I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result
in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and
those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to
participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my
own safety and to take every precaution to provide for my own safety and well-being.
I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be
effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.
The state of the s
SIGNATURE OF PARTICIPANT
PRINT NAME DATE
IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:
I am the legal guardian of the above named minor and have read the above ACKNOWLEDGEMENT. I hereby consent to the terms
of the ACKNOWLEDGEMENT on behalf of the named minor, and give my consent to the participation of the above named minor
in all activities of NCCC on the terms stated.
SIGNATURE OF PARENT/GUARDIAN
PRINT NAME OF PARENT/GUARDIAN DATE

# North Country Community College Wilderness Recreation Leadership Program

### **RELEASE OF LIABILITY**

By signing below, I acknowledge that the outdoor recreational activities associated with the above-described program to be conducted by North Country Community College, (NCCC) may be hazardous, and may result in loss, damage or death;

Tith full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE NCCC and my of its employees, instructors, officers, directors, governors, or agents liability claims demands or anycauses of action and gree NOT TO MAKE ANY CLAIM against NCCC or any of its chapters, representatives oragents whatsoever which may rise during my participation in							
I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death results, inwhole or it part from the negligence of NCCC, or any of its agents, employees, officers, instructors, guides, directors, governors, or leaders. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, her or others from injury or death.							
assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as aresult of my own negligence and/or the negligence of lack of care of NCCC, its employees, instructors, groups, representatives, or agents.							
I agree to be solely responsible for my own safety and t	o take every precaution for my own safety and well-being while partici	ipating in					
SIGNATURE OF PARTICIPANT							
PRINT NAME	DATE						
	e read the above RELEASE. I hereby consent to the terms of the R consent to the participation of the above-named minor in the						
PRINT NAME OF PARENT/GUARDIAN							